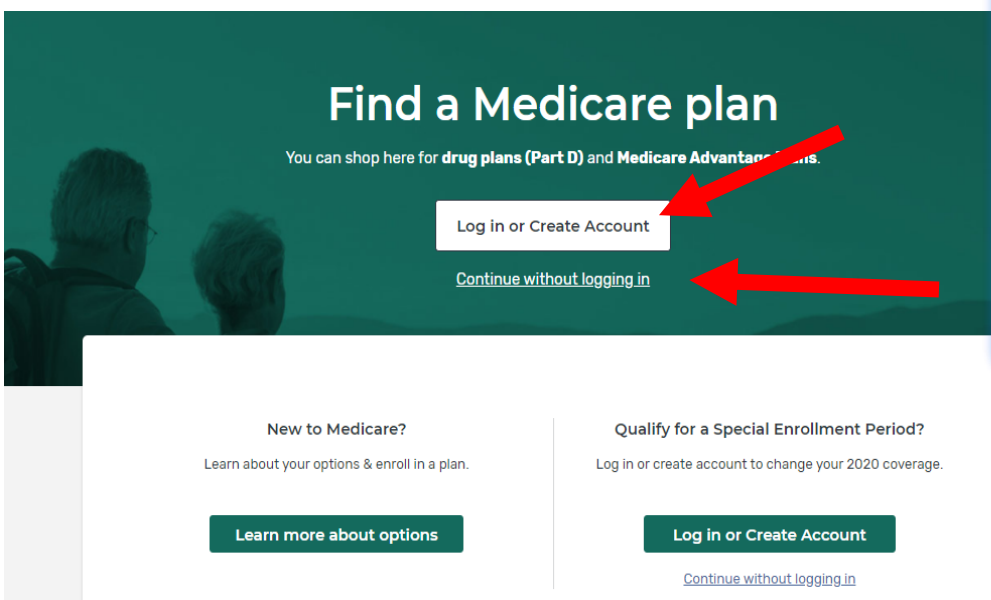
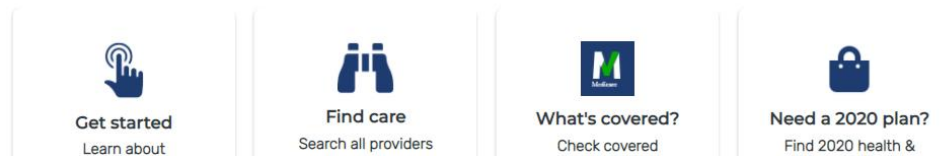


Guide to the Medicare Plan Finder

Type “www.Medicare.gov” into your web address bar.
The Medicare Homepage will open as follows:



Access the
Medicare Plan
Finder
Here.



Option for personal
search using your
MyMedicare login
information

OR

Anonymous Search

Log in to your account

No account? Get a more personalized experience - [create an account now.](#)

USERNAME

PASSWORD

Log in

[Trouble logging in?](#)

Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

Click here to
Create Account*

Or

Enter your
MyMedicare login
information.

*See Instructions for [Creating a MyMedicare Account.](#)

If you entered your MyMedicare information,
you will be asked to *Answer a few quick questions.*
Your current coverage will be displayed. Available data will
be pulled into the form from your MyMedicare Account.

You will then need to verify (*and edit as needed*)
your **prescription medication list** before making
your **pharmacy selection.**

For an Anonymous search see below:

Answer a few quick questions

What type of 2020 Medicare coverage do you want?

Select the type of coverage you want.

Then enter your zip code.

You must have Medicare before you can enroll in a Medicare Advantage Plan or Drug plan (Part D).
[Learn more about when you can enroll.](#)

- ☐ I want to learn more about Medicare options before I see plans
- ☐ Medicare Advantage Plan
- ☒ Drug plan (Part D)

Adds drug coverage to Original Medicare.

- ☐ Drug plan (Part D) + Medigap policy
- ☐ Medigap policy only

ENTER YOUR ZIP CODE

Continue

Answer the next question for more accurate drug cost estimates. If you don't know click "I'm not sure".

Then click "Next".

Do you get help with your costs from one of these programs?

- ☐ Medicaid
- ☐ Supplemental Security Income
- ☐ Medicare Savings Program
- ☐ Extra Help from Social Security
- ☐ I'm not sure
- ☒ I don't get help from any of these programs

Next

Tell us your search preferences

Click "Yes"

Do you want to see your drug costs when you compare plans?

☒ Yes

Great!

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take.

☐ No

Answer the next question and click Next.

How do you normally fill your prescriptions?

☐ Retail pharmacy

☐ Mail order pharmacy

☐ Both

Next

If you don't take prescription drugs, you may search without entering drug information, **OR** you may find **SeniorCare**, the Wisconsin State Pharmaceutical Assistance Program, to be a better option. You can find an application at:

<https://www.dhs.wisconsin.gov/seniorcare/index.htm>

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

atorva

atorvastatin

amlodipine / atorvastatin

atovaquone

Add Drug

[Can't find your drug?](#)

See Plans Without Drug Costs

Done Adding Drugs

Begin typing the name of your prescription and select it from list that drops down.

Then click Add Drug.

Tell us about this drug

Atorvastatin

DOSAGE

QUANTITY

FREQUENCY

[Cancel](#)

Add to My Drug List

Next, enter the dosage, quantity and frequency information.

Then click Add to My Drug List.

Confirm your drug list

Atorvastatin 40mg tablet
generic

Quantity
30

[Remove drug](#)

Glipizide / metformin 2.5-250mg tablet
generic

Quantity
60

Frequency
Every month

[Remove drug](#)

[Edit drug](#)

Irbesartan 300mg tablet
generic

Quantity
30

Frequency
Every month

[Remove drug](#)

[Edit drug](#)

[Find & Add Drug](#)

Done Adding Drugs

Continue adding prescriptions (or verify list if using a MyMedicare Account) until all your medications are entered. Then click Done Adding Drugs.

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you use.

Select the pharmacy you use.
You may select up to 5 pharmacies for comparison.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

NAME OF PHARMACY (OPTIONAL)

53188

Find Pharmacy

Filter by:

Distance: 5 miles

Showing 1-10 of 31 pharmacies near 53188

Mail-order Pharmacy

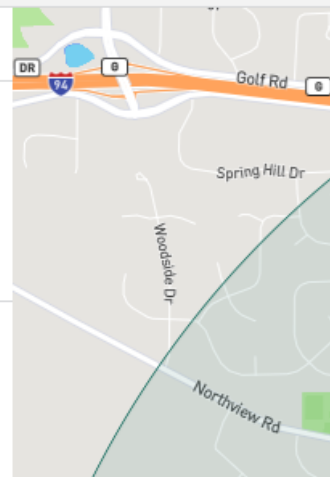
Add both mail-order and retail pharmacies to find the lowest cost.

☒ Pharmacy Added

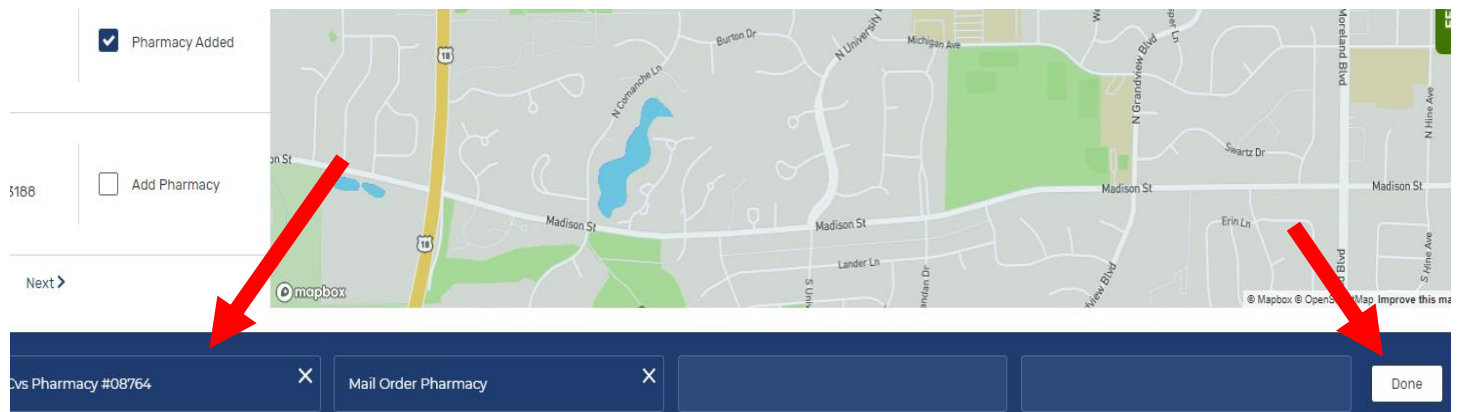
1. Moreland Plaza Pharmacy

827 W Moreland Blvd, Waukesha, WI 53188
(262) 542-4488

☐ Add Pharmacy



Your selected pharmacies will be displayed at the bottom of the screen. Then click Done.



Your search results will show the available plans.

31 Prescription Drug Plans available

Waukesha, WI [Change location](#)

[Edit your drugs & pharmacies](#)

Showing 10 of 31 drug plans

WellCare Value Script (PDP)

WellCare | Plan ID: S4802-132-0
Star rating: Coming Soon

MONTHLY PREMIUM

\$14.80 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$177.60 Retail pharmacy: Estimated total drug + premium cost

\$177.60 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$445.00 Drug deductible

Open Enrollment starts October 15

[Plan Details](#)

☐ Add to compare

Plans are sorted showing the plan with the **lowest estimated total drug cost plus premium cost** first.

SORT PLANS BY

Lowest drug + premium cost

Print

[Filter Plans](#)

No filters selected

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Click here to access important plan details such as cost of each drug, drug restrictions and more!

When the Plan Details Page opens, scroll down to view important information.

WellCare

WellCare Value Script (PDP)

Plan type: Drug plan (Part D)

Plan ID:S4802-132-0

View Plan Premium
And
Annual Deductible

Overview ✓	Overview
Drug coverage & costs ✓	PREMIUM
Star ratings ✓	Total monthly premium \$14.80
Contact information ✓	DEDUCTIBLE
	Drug plan deductible \$445.00

Scroll down to view specific drug costs and details at each pharmacy in the different coverage phases.

MORELAND PLAZA PHARMACY - Drug costs during coverage phases

✓ Standard in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage
Atorvastatin 40mg tablet	\$8.71	\$5.00	\$5.00	\$2.18	\$3.70
Glipizide / metformin 2.5-250mg tablet	\$37.80	\$5.00	\$5.00	\$9.45	\$3.70
Irbesartan 300mg tablet	\$63.50	\$5.00	\$5.00	\$15.88	\$3.70
Monthly totals	\$110.02	\$15.00	\$15.00	\$27.51	\$11.10

Note that this is a **Standard in-network pharmacy**. Generally you will pay less to get your drugs filled at a **Preferred in-network pharmacy**.

Your second pharmacy selection is shown next.
This pharmacy is a
Preferred in-network pharmacy.

CVS PHARMACY #08764 Drug costs during coverage phases

✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage
Atorvastatin 40mg tablet	\$8.61	\$0.00	\$0.00	\$2.15	\$3.70
Glipizide / metformin 2.5-250mg tablet	\$37.70	\$0.00	\$0.00	\$9.43	\$3.70
Irbesartan 300mg tablet	\$63.40	\$0.00	\$0.00	\$15.85	\$3.70
Monthly totals	\$109.72	\$0.00	\$0.00	\$27.43	\$11.10

View drug tier status and note any drug restrictions.

OTHER DRUG INFORMATION

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Atorvastatin 40mg tablet	Tier 1			
Glipizide / metformin 2.5-250mg tablet	Tier 1		Yes	
Irbesartan 300mg tablet	Tier 1			

You can review your drug list and make changes if necessary.

MY DRUG LIST

Selected drugs	Package	Quantity	Frequency	Brand/Generic
Atorvastatin 40mg tablet		30	Every month	Generic
Glipizide / metformin 2.5-250mg tablet		60	Every month	Generic
Irbesartan 300mg tablet		30	Every month	Generic

[Edit/Remove drugs](#)

Scroll down to see star rating and plan contact information.

Star ratings

OVERALL STAR RATING ▾



+ Drug plan (Part D) star rating

Contact information

CONTACT INFORMATION

[View plan website](#)

500 West Main Street
Louisville, KY 40202

[1-800-281-6918](#)
Members

[1-800-706-0872](#)
Non-members

To Enroll in a plan,

- Click the **Enroll** Button from the Results Page
- Enter the information requested
- Be sure to **Print Confirmation Page!**

WellCare Value Script (PDP)

WellCare | Plan ID: S4802-132-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$15.60 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$31.20 Retail pharmacy: Estimated total drug + premium cost

\$31.20 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$35.00 Drug deductible

Enroll

Plan Details

☐ Add to compare

Other options for enrolling:

- Call the plan directly
- Call Medicare at 1-800-633-4227

For Questions or Assistance with Plan Comparisons:

- Medicare: 1-800-633-4227
- WI Medigap Prescription Drug Helpline: 1-855-677-2783 (Ages 60 and over)
- Disability Drug Benefit Helpline: 1-800-926-4862 (Under age 60)



LOCAL HELP FOR PEOPLE WITH MEDICARE